

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org Identifier/FY/Doc./type code/Serial Number)	C. Request Status or Process Code (X one)	D. Amendment No.
		(1) Initial	(2) Resubmission
		(3) Correction	(4) Cancellation

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Evc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (include area code)		8. Position Title	
	a. Home			
	b. Office			
11. Organization Name	(1) Commercial	a. Executive	10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/for Navy Designator)	
	(2) Autoven	b. Manager		
12. Organization Mailing Address (include ZIP)	13. Organization UIC	c. Supervisory	14. Type of Appointment	15. No. Prior non-government training days
	16. Are you handicapped or disabled? (X one)	d. Non-Supervisory		
	Yes	e. Other (Specify)		
	No			

Section B - TRAINING COURSE DATA

17. Course Title	18. Training Objectives (Benefits to be derived by the Government)			
				19. Recommended Training Source, School or Facility
				a. Name
				b. Mailing address (include ZIP)
				c. Location of training site (if other than 19b)
20. Course Codes	a. Purpose	f. Security Clearance	k. Training Program	
	b. Type	g. Allocation Status	l. Reason for Selection	21. Course hours (4 digits)
	c. Source	h. Priority	23. Training Period (YYMMDD)	a. Duty
	d. Special Interest	i. Training Level	a. Start	b. Non-duty
	e. Training Vendor	j. Method of Training	b. Complete	c. TOTAL
				22. Course Identifiers
				a. SAID
				b. Catalog / Course No.
				c. Offering / TLN

Section H - EVALUATION

Part I (To be completed by trainee)

48. Was course completed? (X one)	49. Actual course dates	50. Actual course hours	51. Academic grade/score
a. Yes	a. Commenced (YYMMDD)	a. Duty	
b. No (Return this form with a memo explaining circumstances)	b. Completed (YYMMDD)	b. Non-duty	
52. Were all sessions attended? (X one)			
a. Yes			
b. No (Explain)			

AREAS OF EVALUATION

X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.

RATING

	A	B	C
53. Stated objective accomplished	A = Yes	B = Partially	C = No
54. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor
55. Organization of subject matter	A = Well Organized	B = Adequate	C = Poorly organized
56. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor
57. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary
58. Length of course	A = Too long	B = Appropriate	C = Too short
59. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient
60. Effectiveness of instructors	A = Excellent	B = Good	C = Poor
61. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant
62. Facilities	A = Excellent	B = Good	C = Poor
63. Recommendation to colleagues	A = Highly Recommended	B = Recommended	C = Not recommended
64. Meet career development plans	A = Yes	B = No	C = Not applicable

Section H - EVALUATION - Continued

Part II (To be completed by trainee)

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

Part III (To be completed by trainee's immediate supervisor)

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

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